

# Mark-to Market OMHAR Waiver Form

Form 2.15

TO: OMHAR REGIONAL OFFICE, Attn. Relationship Manager  
FROM: PAE

Prior to incurring costs for restructuring activities that exceed the maximum amounts specified in the Asset Payment Authorization, the PAE must obtain written approval from the OMHAR Regional Office using this form.

## PAE INFORMATION:

PAE NAME

PAE ADDRESS

PRA CONTRACT NUMBER

## ASSET INFORMATION:

ASSET NAME

FHA PROJECT NUMBER:

☐ Full Debt Restructuring (F)

☐ Tier 1 Rent Restructuring Only (R1)

ASSET DESIGNATIONS

☐ Rent Comp. Review (C)

☐ Tier 2 Rent Restructuring Only (R2)

Special Circumstances

Provide explanation below of the nature of the waiver and special circumstances that warrant a waiver and insert the relevant PRA section number and maximum amounts. Attach additional pages as needed:

Item Description (Example: Appraisal): \_\_\_\_\_

Total Amount Requested: \_\_\_\_\_

OMHAR Evaluation (check one):

☐ Approved

☐ Denied

Requested by PAE:

Date: \_\_\_\_\_

Approved by OMHAR RD:

Date: \_\_\_\_\_

\_\_\_\_\_  
Name of Authorized Official

\_\_\_\_\_  
Name of Authorized Official

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature